

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

U T — 0 1 - 014

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2001

5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.20

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A (Attachment #2)

ATTACHMENT 3.1-B (Attachment #2)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Same

10. SUBJECT OF AMENDMENT:

Outpatient Hospital Services C0-payment Requirements

11. GOVERNOR'S REVIEW (*Check One*):☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Rod L. Betit

14. TITLE:

Executive Director
Department of Health

15. DATE SUBMITTED:

August 24, 2001

16. RETURN TO:

Rod L. Betit, Executive Director
Department of Health
Box 143102
Salt Lake City, UT 84114-3102**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 6, 2001

18. DATE APPROVED:

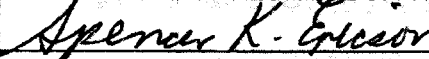
October 12, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: September 4, 2001

42 CFR
440.20

OUTPATIENT HOSPITAL SERVICES

DEFINITION

Outpatient Hospital means a facility that is in, or physically connected to, a hospital licensed by the Utah Department of Health as a hospital - general, as defined by Utah Code Annotated, Section 26-21-2(8), 1990, as amended; and by Utah Administrative Code, R432-100-1 and 432-100.101, 1992, as amended.

LIMITATIONS

1. Procedures determined to be cosmetic, experimental, or of unproven medical value, are not a benefit of the program.
2. Outpatient hospital psychiatric counseling services provided under personal supervision, rather than directly by the physician, are not generally furnished by most hospitals in the state, and therefore, are non-covered services.
3. Abortion services, except as covered under ATTACHMENT 3.1-A, (Attachment #5a).
4. Selected medical and surgical procedures are limited by federal regulation and require review, special consent, and approval. A list will be maintained in the Medicaid Outpatient Hospital Provider Manual.
5. Except for item 3 above, the Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.
6. The Division shall impose a co-payment for each outpatient hospital visit, maximum of one per date of service, when a non-exempt Medicaid client, as designated on his Medicaid card, receives the outpatient hospital service. The Division shall limit the out-of-pocket annual expense to \$100 per client. These amounts as designated in R414-3A-8.
 - a. The Division shall deduct the co-pay amount from the reimbursement paid to the physician provider, up to the annual maximum.
 - b. The provider should collect the co-payment amount from the Medicaid client for each visit requiring a co-payment.
 - c. There are categories of Medicaid clients who are exempt from the co-payment requirement, as designated in R414-10-8
 - d. Services rendered for family planning purposes are exempt from the co-payment requirement.

T.N. No. 01-014
Supersedes
T.N. No. 98-003

Approval Date 10/12/01

Effective Date 09/01/01

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